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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/581,058	<b>FILING DATE</b> 07/24/2000 <b>RULE</b> -	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> GOTEP037
<b>APPLICANTS</b> Bo Hakansson, Goteborg, SWEDEN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/SE98/02367 12/17/1998 <i>HLA</i>				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9704752.6 12/18/1997 <i>HLA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/01/2001</b> <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>HLA</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 021121				
<b>TITLE</b> Percutaneous bone anchored transferring device				
<b>FILING FEE RECEIVED</b> 680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	